

After completing and signing this form, submit it to the Testing Center, Room L220  
Or mail to: Illinois Central College  
Testing Center Room L220  
One College Drive  
East Peoria, IL 61635-0001  
(309) 694-5234 fax (309) 694-8820  
Email: [testing@icc.edu](mailto:testing@icc.edu) or [peoriatesting@icc.edu](mailto:peoriatesting@icc.edu)

## Illinois Central College Placement Test Scores Request Form

Date of Request: \_\_\_ / \_\_\_ / \_\_\_\_\_

Student ID \_\_\_\_\_ (required)

Name: \_\_\_\_\_  
Last First MI

Previous Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_

### SCORES RELEASED TO:

Student is responsible for providing complete and accurate information.

NAME \_\_\_\_\_

DEPT. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_ E-mail (if applicable) \_\_\_\_\_

Signature of student authorizing release of scores: \_\_\_\_\_

Date: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing student records WITHOUT written consent from the student.